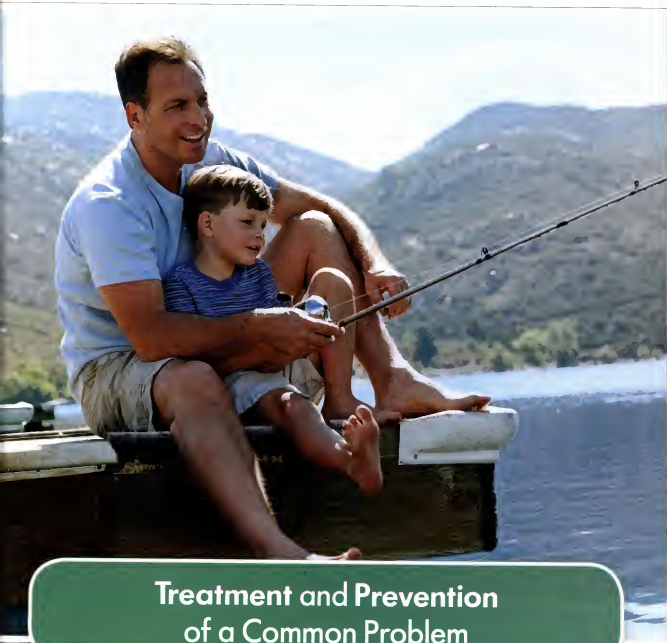


KRAMES
staywell

THE HEMORRHOID BOOK



**Treatment and Prevention
of a Common Problem**

Problem Hemorrhoids

Hemorrhoid tissues are a natural part of the body. Most of the time you don't notice them. But if these tissues become swollen and inflamed, they can cause uncomfortable symptoms. The good news is that problem hemorrhoids can often be treated so you feel better. Read this booklet to learn more.

Symptoms of Hemorrhoids

Hemorrhoid tissues are a network of blood vessels located in and around the **anal canal** (the last few inches of the rectum). When these tissues swell, you can have symptoms. These include:

- Bleeding during bowel movements
- Itching around the anus
- Burning
- Pain
- Bulging of hemorrhoid tissue from the anus



Causes of Hemorrhoids

There's no one cause of hemorrhoids. They can be due to:

- Chronic (ongoing) constipation
- Straining during bowel movements
- Sitting too long on the toilet
- Diarrhea
- Pregnancy and childbirth
- Aging

►► Hemorrhoids are very common and can occur even in active men and women.

Treatment Can Help

Hemorrhoid symptoms can be hard to ignore. The first step to feeling better is seeing your doctor. You and your doctor can then work together to plan your treatment. In many cases, a change in diet and bowel habits are enough to relieve the problem. In other cases, an office procedure or surgery may be needed. Your doctor will discuss your options with you and outline their benefits and risks. Before making a decision about treatment, be sure to get all of your questions answered.



If You Are Pregnant

Many women develop hemorrhoids during pregnancy and childbirth. Hormone changes, pressure on the pelvis, and constipation are likely causes. In most cases, the hemorrhoids go away on their own after delivery. Until they do, a doctor can suggest ways to relieve symptoms. See page 9 to learn more about lifestyle changes that may help prevent hemorrhoids during pregnancy.



How Hemorrhoids Form

Hemorrhoid tissues are “cushions” of blood vessels. They normally help during bowel movements. Excess pressure on the anal canal can inflame these tissues and lead to symptoms.

Normal Hemorrhoid Tissue

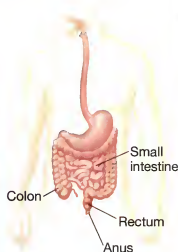
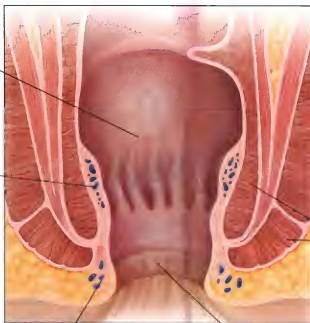
Stool (food waste) travels through the **colon** (large intestine) to the rectum. It is stored in the rectum until it's ready to be passed from the body through the anus. During bowel movements, hemorrhoids in the anus swell with blood and become slightly larger. This helps protect and cushion the anal canal as stool passes through. Once stool has passed, the tissues should return to normal.

Parts of the Anal Canal

The rectum is the last several inches of the colon.

Internal hemorrhoid tissue is in the upper area of the anal canal.

External hemorrhoid tissue lies under the anal skin.



Anal sphincters are ring-shaped muscles that expand and contract to control the anal opening.

The anus is the passage between the rectum and the outside of the body.

Problem Hemorrhoids

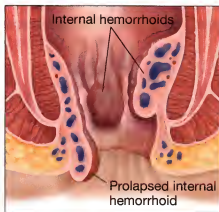
Hemorrhoids become a problem when the tissues stay swollen. There are two types of hemorrhoids: **internal** and **external**. Their symptoms differ. It's possible to have both types of hemorrhoids.

Internal Hemorrhoids

Internal hemorrhoids occur inside the anal canal, often in clusters. They may **prolapse** (protrude out of the anus) during a bowel movement, and then **reduce** (return inside the body). Internal hemorrhoids are usually painless. They often bleed. They can also discharge mucus.

External Hemorrhoids

External hemorrhoids occur at the anal opening or just outside the anus. They seldom cause problems unless they **thrombose** (form a blood clot). When this happens, a hard lump may appear. A thrombosed hemorrhoid can also cause sudden, severe pain. In time, the clot may go away. Sometimes, a "skin tag" of tissue stretched by the clot may remain.



Related Problems

Certain problems cause symptoms similar to hemorrhoids. They may also occur with hemorrhoids. If you have any of these problems, your doctor can discuss treatment options with you.

- A **fissure** is a small tear in the lining of the anus. It can bleed and cause painful bowel movements.
- An **abscess** is an infected gland in the anal canal. It can cause swelling and pain.
- A **fistula** is a pathway that may form when an anal abscess drains. It can cause drainage where the pathway meets the skin.

Your Evaluation

Your evaluation includes an exam and certain tests. These can help your doctor determine what type of hemorrhoids you have. Together, you can discuss the results and decide on a treatment plan that's best for you.

Health History

Tell your doctor about your symptoms and overall health. Answer questions about your bowel habits, diet, and activity level. Also tell your doctor about all medications you take. This includes over-the-counter (OTC) medications, herbs, and supplements. Be sure to mention if any members of your family have had polyps or cancer of the colon.

Physical Exam

The exam takes just a few minutes. It is usually not painful.

- **A visual exam** views the outer anal skin.
- **A digital rectal exam** checks for hemorrhoids or other problems in the anal canal. It is done using a lubricated gloved finger.
- **An anoscopic exam** is done using a viewing tube called an **anoscope**. The scope lets your doctor see the anal canal.



Grading Hemorrhoids

Your doctor may assign a grade to internal hemorrhoids. The grades are based on their severity.

- **Grade I hemorrhoids** do not protrude from the anus. They may bleed, but cause few other symptoms.
- **Grade II hemorrhoids** protrude from the anus during bowel movements. They reduce back into the anal canal when straining stops.
- **Grade III hemorrhoids** protrude on their own or with straining. They do not reduce by themselves, but can be pushed back into place.
- **Grade IV hemorrhoids** protrude and cannot be reduced at all. They can also be painful. They may need prompt treatment.

Diagnostic Tests

Diagnostic tests help rule out other conditions, such as polyps or cancer of the colon. You may have blood and stool tests. You may also have one or more of these tests:

- **Sigmoidoscopy.** A thin, lighted tube with a camera is inserted through the anus. It is used to view the rectum and lower colon. This test is usually done in a doctor's office.
- **Colonoscopy.** A long, thin lighted tube with a camera is inserted through the anus. This test is usually done in a hospital. Medications help you relax during the test.
- **Barium enema.** A liquid barium solution is injected into the colon. The barium acts as a dye that makes the colon easier to see on x-rays. This test is usually done in a hospital or a radiology center.



A sigmoidoscope is used to view the lower colon.



A colonoscope is used to view the entire colon.

Self-Care and Prevention

To relieve mild to moderate symptoms, self-care measures can help. Some of them give immediate relief from symptoms. Others help reduce hemorrhoids and prevent them from coming back.

Relieving Symptoms

To get relief from itching, mild bleeding, or pain, try:

- **Topical products:** Look in your drugstore for OTC hemorrhoid treatments. These include cotton pads soaked in witch hazel, ointments, and petroleum jelly. If needed, your doctor may prescribe a cream or ointment that helps relieve pain and itching.
- **Medications:** OTC medications may be recommended to help relieve symptoms. These include stool softeners, suppositories, or anti-inflammatory medications. Do not use laxatives or enemas unless your doctor tells you to.
- **Sitz baths:** A sitz bath involves sitting in a few inches of warm bath water. Soak for 15 to 20 minutes twice a day. This can help relieve pain. It can also keep the area clean.



Managing and Preventing Constipation

Constipation can cause hemorrhoids. It can also worsen bleeding and pain that occurs with hemorrhoids. The following help manage or prevent constipation.

- **Eat more fiber.** Fiber absorbs water as it moves through your colon. This makes stools softer and easier to pass. Your doctor may recommend fiber supplements or bulking agents, such as psyllium or methylcellulose. These are available OTC. Eating more fiber-rich foods will also help. (See the back cover to learn more.)
- **Drink plenty of fluids.** Drinking enough fluid helps keep stool soft. Water is the best choice. Fruit juices, such as prune or apple juice, may also help prevent constipation.
- **Be more active.** Regular exercise aids digestion and helps prevent constipation. It can also help make bowel movements more regular. Talk to your doctor about increasing your activity level safely.



Developing Good Bowel Habits

Straining during bowel movements and sitting for long periods on the toilet can make hemorrhoids more likely. To improve your bowel habits:

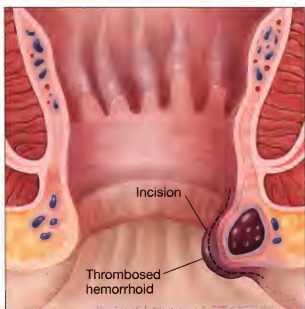
- **Do not ignore the urge to go.** This can lead to constipation, hard stools, and straining.
- **Avoid reading on the toilet.** Sit only as long as needed.
- **Wipe gently with soft, unscented toilet tissue or unscented wipes.** This helps prevent irritation of the area. It may also relieve itching.

Procedures for Hemorrhoids

Certain procedures may be used to treat painful or bleeding hemorrhoids. These are typically done in a doctor's office. No special preparation is needed. You can usually go home the same day.

Thrombosed External Hemorrhoids

An external hemorrhoid may be a hard, painful lump that can be felt. To relieve pain and swelling, a procedure can be done to remove the blood clot or hemorrhoid.



Treating a Thrombosed Hemorrhoid

The area is numbed with a local anesthetic. A small incision is then made. The blood clot or the entire hemorrhoid is removed. The skin is left open to heal on its own. Or, it may be closed with sutures. Pain should improve soon after the procedure. But the area around the incision may be sore for a few days.

Risks and Complications

The risks and complications of these treatments include:

- Infection
- Bleeding
- Trouble urinating
- Narrowing of the anal canal (very rare)



Internal Hemorrhoids

Internal hemorrhoids may be treated using one of the methods below. Internal hemorrhoids do not have nerves that transmit pain, so you won't have much discomfort. If you have many hemorrhoids, you may need more than one treatment. For each procedure, an anoscope is used to view the anal canal.



Sclerotherapy

A special chemical is injected into the tissue around the hemorrhoid. The chemical causes the hemorrhoid to shrink within 1 to 2 weeks. Mild pain and bleeding may occur during this time.



Banding

Tight elastic bands are placed around the base of the hemorrhoid. This cuts off blood supply to the hemorrhoid, causing it to fall off. This may take a few days. The area then heals within a week or so.



Infrared Coagulation

A small probe exposes the hemorrhoid to short bursts of infrared light. This seals off the blood vessel, which causes it to shrink. Slight bleeding may occur for a few days. The area usually heals within a week or two.

When to Call Your Doctor

After any of these treatments, call your doctor if you have:

- Increasing pain
- Fever of 100.4°F (38°C) or higher
- Bleeding that won't stop
- Trouble urinating



Surgery for Severe Hemorrhoids

Severe hemorrhoids may be removed during surgery. Your doctor can explain how surgery will be done, how to prepare, and what to expect while you recover.

Getting Ready for Surgery

Follow your doctor's instructions to prepare for surgery. Be sure to:

- **Tell your doctor about all medications you take.** This includes herbs, supplements, and OTC medications. If you take medications to prevent blood clots, be sure to mention them. You may need to stop taking some or all of these a week or two before surgery.
- **Quit smoking.** Smoking increases surgery risks and slows healing.
- **Do your bowel prep as instructed.** This clears stool from your rectum before surgery. You may be asked to use an enema or drink a laxative.
- **Stop eating and drinking as directed before the surgery.** This includes water, gum, and mints.

The Day of Surgery

Arrive at the hospital on time. You may be asked more than once to provide your name and what procedure you're having. This is for your safety. You'll be given an IV (intravenous) line to supply fluids and medication. You'll also be told what type of anesthesia will be used to prevent pain during your surgery. You'll receive one or more of the following:

- **Local anesthesia with sedation.** This type numbs just the surgical area. You'll also be given medication that makes you relaxed and drowsy.
- **Regional anesthesia.** This type numbs your body from the waist down.
- **General anesthesia.** This type puts you in a state like deep sleep.

Risks and Complications

Surgery to remove hemorrhoids is generally safe, but does have risks. These can include:

- Bleeding
- Infection
- Trouble urinating
- Narrowing of the anal canal (very rare)
- Risks of anesthesia

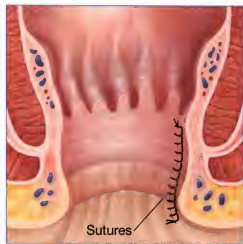


During Surgery

Your doctor inserts an anoscope to view the anal canal. Depending on the type of hemorrhoids you have, one of the methods below is then used for the surgery.

Hemorrhoidectomy with Sutures

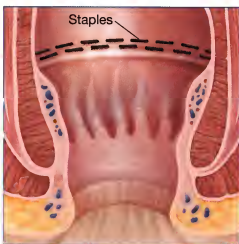
Surgical tools, such as a cautery or sealing device or scalpel, are used to remove the hemorrhoids. The incision is often closed with sutures. In some cases, the incision may be left partially open. This allows fluid to drain and helps the healing process.



Sutures may be used to close the incision. These help the area heal.

Stapled Hemorrhoidopexy

A special device is used to remove a ring of tissue from the anal canal. Removing this tissue cuts off blood supply to the hemorrhoids, causing them to shrink. The remaining tissue is then secured with staples. This helps hold the tissue in place.



Staples help prevent tissue in the anal canal from sagging and prolapsing.

After Surgery

You'll be taken to a recovery room to rest. Pain medications will be given as needed. You can usually go home the same day. Expect to have some bleeding and discharge after surgery. These symptoms should go away in about 2 to 3 weeks.

Recovering from Surgery

To help speed your recovery, care for yourself at home as advised by your doctor. Also, keep all follow-up appointments with your doctor. As you feel better, you can return to your normal routine. Just keep in mind it may take a month or two for complete healing.



Manage Pain

You may continue to have some pain for 2 to 3 weeks after surgery. Pain medications will be prescribed to help you feel better. Be sure to take these exactly as directed. Some pain medications can cause constipation, so your doctor may also prescribe a laxative or stool softener. If you have pain or burning after bowel movements, sitz baths can help provide relief (see page 8).

Care for the Wound

Proper care for your wound will help speed healing. Your bandage can be removed the day after treatment. From then on, use soft gauze pads or sanitary napkins to control any drainage. Clean the area with warm water and mild soap. It may take a few weeks for the wound to heal.

Bowel Movements

You may be nervous about having a bowel movement after surgery, but don't ignore the urge to go. For the first few days after surgery, you may have minor bleeding or muscle spasms during bowel movements. You may also have swelling that feels like unpassed stool or a hemorrhoid. This is normal and will go away as the wound heals.

Getting Back to Your Routine

You can return to your normal routine as soon as it is comfortable. Here are some general guidelines to keep in mind:

- Walk often and resume other types of physical activity as you feel able. This will help with your recovery.
- Do not drive while taking pain medications that make you drowsy.
- Most people can return to work in about a week. How long depends on what type of work you do.

See Your Doctor

See your doctor for follow-up visits as directed. These help ensure you're healing well. You should also contact your doctor if you have any new or unusual symptoms. (See the box below.)

►► Return to activity when you feel ready. Regular exercise can help prevent constipation and reduce the risk of future hemorrhoids.



When to Call Your Doctor

After surgery, call your doctor if you have any of these symptoms:

- Fever of 100.4°F (38°C) or higher
- Increased redness, bleeding, swelling, pain, or drainage around the incision site
- Worsening pain
- No bowel movements within the first few days after surgery
- Trouble urinating



Preventing Future Problems

Once you've been treated for hemorrhoids, you don't want them to come back. So take steps now to prevent future problems. Keep eating high-fiber foods and drinking plenty of fluids. Maintain good bowel habits. And exercise as often as you can. Also, be sure to see your doctor for regular visits and have screening tests for colon problems as recommended.



Getting Enough Fiber

Fiber helps prevent constipation, which can reduce the risk of hemorrhoids and other colon problems. You need about 25 to 38 grams of fiber each day. To meet this goal, take fiber supplements if directed by your doctor, and choose these fiber-rich foods:

- **Fruits**, such as apples, raspberries, plums, and pears
- **Grains**, such as whole-grain cereals, oat bran, and brown rice
- **Vegetables**, such as peas, spinach, broccoli, potatoes, and artichokes
- **Legumes**, such as lentils and navy, pinto, or kidney beans



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